

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9101

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

117-2

Registration Dist. No. 302

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME George C. Thal

(a) Residence: No. 38 W. Wilson Blvd.

(Usual place of abode)

If U. S. Veteran, specify WAR

St. 2 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy

6. DATE OF BIRTH (month, day, and year) May 26 - 1854

7. AGE Years Months Days If LESS than 78 3 7 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. millwright

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) June 1936 11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) Middletown (State or country) md.

13. NAME Jacob L. Thal

14. BIRTHPLACE (city or town) Middletown (State or country) md.

15. MAIDEN NAME Emma Main

16. BIRTHPLACE (city or town) Middletown (State or country) md.

17. INFORMANT Mrs George C. Thal (Address) Hagerstown, md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown, md. Date Aug 4, 1937

19. UNDERTAKER H. K. Coffman (Address) Hagerstown, md.

20. FILED 8/11/37 Deaf. Power

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH Aug 2, 1937

(Month) (Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 31, 1937, to Aug 2, 1937

I last saw him alive on Aug 2, 1937; death is said to have occurred on the date stated above, at

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Septic ulcer

Gastric Hemorrhage

Date of one 1935

1935

7.30.37

Other Contributory Causes of importance:

Chronic myocarditis

1932

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Robert Wells, M. D. M. D.

(Address) 115 N. Pittman St.

1. MARGIN RESERVED FOR BINDING  
 2. N. B.—WRITE PERMANENTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

RECEIVED  
SEP 7 1937  
BUREAU OF THE U. S.

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PERMANENTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County WashingtonVillage or City 1400 Rockville Hospital

Length of residence in city or town where death occurred

yrs.

mos.

x

days

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. If of foreign birth? yrs. mos.

Registration Dist. No. 302

9102

St. 3Ward 32. FULL NAME Evelyn Irene Bachstall(a) Residence: No. 3000 Rockville Rd St. 1 Ward. 1

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
----------------------	-------------------------------	--

5a. If married, widowed, or divorced  
HUSBAND or  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 3-27-1937

7. AGE Years <u>1</u>	Months <u>4</u>	Days <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.
-----------------------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u>	
10. Date deceased last worked at this occupation (month and year) <u>None</u>	11. Total time (years) spent in this occupation <u>None</u>

12. BIRTHPLACE (city or town)  
(State or country) Potomac13. NAME Joseph Bachstall14. BIRTHPLACE (city or town)  
(State or country) Belleville15. MAIDEN NAME Frances Shifley16. BIRTHPLACE (city or town)  
(State or country) Baltimore17. INFORMANT Joseph Bachstall  
(Address) Smithsburg, P. O. D.18. BURIAL, CREMATION, OR REMOVAL  
Clayton County Aug. 10th  
193719. UNDERTAKER Geo. B. Hobson  
(Address) Smithsburg, Md.20. FILED 8-9-1937 John H. Bevans  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug - 9

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY.

That I attended deceased from Aug 9, 1937 to Aug 9, 1937I last saw him alive on Aug 9, 1937, death is said to have occurred on the date stated above, at 6:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acidosis

Date of onset

8

## Other Contributory Causes of importance:

Infectious Trichomoniasis

7/21/37(3)

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

J. Edwin John

M. D.

(Signed)

(Address) 158 W. Woods St.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915
Chronic interstitial nephritis	SEP 7 1937
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones

Date of onset
May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9103

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

Registration Dist. No. 302  
Ward 3  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Edna May Bair

(a) Residence: No. 145 East Avenue

(Usual place of abode)

If U. S. Veteran, specify WAR

St. 4 Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Russel T. Bair

6. DATE OF BIRTH (month, day, and year) October 20, 1899

7. AGE	Years 37	Months 10	Days 10	If LESS than 1 day, _____ hrs. or _____ min.
--------	-------------	--------------	------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Home Work
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington County  
(State or country) Md.

13. NAME Charles Hoffman

14. BIRTHPLACE (city or town) Washington County  
(State or country) Md.

15. MAIDEN NAME Nancy Bowman

16. BIRTHPLACE (city or town) Washington County  
(State or country) Md.

17. INFORMANT Russel T. Bair  
(Address) Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown, Md. Date Sept. 1, 1937

19. UNDERTAKER Fred W. Kraiss,  
(Address) Hagerstown, Md.

20. FILED 8/30/37 *Charles Hoffman*  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 29, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19\_\_\_\_, to , 19\_\_\_\_, death is said

I last saw h. alive on , 19\_\_\_\_; death is said  
to have occurred on the date stated above, at 11:59 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

*Chronic lymphatic*  
*Leukemia* *Aug 1937*  
*June 1937*

Other Contributory Causes of importance:

*Vincent Angina* *June 1937*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *Charles Hoffman*

(Address) *Hagerstown, Md.*

Date of onset

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	SEP 7 1937
Cerebral hemorrhage	July 5, 1927
BUREAU V. S.	

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago

Other contributory causes of importance:	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLEASE, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH  
 County Washington Registration Dist. No. 302  
 Village or City Hagerstown No. Washington Co. Hosp. St. 3 Ward 154  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Donald W. Barnhart If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. 711 Washington Ave. 1 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white Single

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Jan 27 1927  
 7. AGE Years 10 Months 6 Days 8 If LESS than  
 1 day, \_\_\_\_\_ hrs.  
 or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

at Home

12. BIRTHPLACE (city or town)  
(State or country)

Hagerstown Md.

13. NAME Roy B. Barnhart14. BIRTHPLACE (city or town)  
(State or country)

Marion Pa.

15. MAIDEN NAME Mabel K. Guthrie16. BIRTHPLACE (city or town)  
(State or country)

Chambersburg Pa.

17. INFORMANT Roy B. Barnhart  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Hagerstown Date 8/7 193719. UNDERTAKER J. M. Suter & Sons  
(Address)

Hagerstown Md.

20. FILED 8-6-1937 87 Shoff, Dowers

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

8-4-1937  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

7-21-1937 to 8-4-1937

I last saw deceased alive on 8-4-1937; death is said to have occurred on the date stated above, at 6 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Primary cause of the death: osteomyelitis: not known. Location: left leg. Duration: 17 days. Case: Osteomyelitis = Septicemia

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_ 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. M. Suter M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	SEP 7 1937	1921
Cerebral hemorrhage		July 5, 1927

HILLBAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9105

## 1. PLACE OF DEATH

County WashingtonVillage or City Hagerstown

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. 12 East Ave

(Usual place of abode)

No. 12 East Ave.Registration Dist. No. 302St. 4

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR

St. 4 Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug. 8. 1937

PAGE

Years

Months

Days

If LESS than  
1 day, 2 hrs.  
or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Hagerstown

Md.

MOTHER FATHER

13. NAME William G. Beard

14. BIRTHPLACE (city or town)

(State or country)

Smithsburg

Md.

15. MAIDEN NAME

Anita Ruth

16. BIRTHPLACE (city or town)

Hagerstown

(State or country)

Md.

17. INFORMANT

Wm. F. Beard

(Address)

12 East Ave, Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Fairmount Cemetery

Place

Date

Aug. 9. 1937

19. UNDERTAKER

Charles E. Miller

(Address)

Mapleville, Md.

20. FILED

9-23-37W. P. Decker

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 8 1937

(Month) (Day)

1937 (Year)

22. I HEREBY CERTIFY That I attended deceased from

Aug 8 1937 to Aug 8 1937I last saw him alive on Aug 8 1937; death is saidto have occurred on the date stated above, at 12:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Big Bone

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. P. Decker M.D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9106

## 1. PLACE OF DEATH

County WashingtonVillage or City Williamsport Md.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

yrs.

mos.

ds.

93-6

Registration Dist. No. 301

1

1

St.

Ward

No. 211 N. Antigian St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Florence Mae Betts(a) Residence: No. 211 N. Antigian  
(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofLuther Betts

6. DATE OF BIRTH (month, day, and year)

Sept. 11, 1883

7. AGE

53

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Fame Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Hause Rug Bidg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years  
spent in this  
occupation)12. BIRTHPLACE (city or town)  
(State or country)Wash. Co.

Md.

MOTHER / FATHER

13. NAME Martin P. Mowen14. BIRTHPLACE (city or town)  
(State or country)Wash. Co. Md.

15. MAIDEN NAME

Alice Caulbaugh16. BIRTHPLACE (city or town)  
(State or country)Franklin Co Penna.

17. INFORMANT

(Address)

Sylvia Betts Taylor

18. BURIAL, CREMATION, OR REMOVAL

Place Recreational CemeteryDate Aug. 5, 1937

19. UNDERTAKER

(Address)

Edith V. Legg7 Lebanon StWilliamsport

20. FILED

(Address)

Aug. 31, 1937 Mrs Emma J. McElroy

Registrar

## 21. DATE OF DEATH

Aug.  
(Month)2  
(Day)1937  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 25, 1937 to Aug 2, 1937I last saw him alive on Aug 1, 1937; death is said to have occurred on the date stated above, at 12:55 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocarditis Chronic Date of onset 1935

Other Contributory Causes of Importance:

None.Name of operation Name Date of

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No

Date of Injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) John J. Murphy M. D.(Address) Williamsport Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	SEP 4 1937	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928
------------	-------------

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9107

## 1. PLACE OF DEATH

County Washington

Village or City Hagerstown

Length of residence in city or town where death occurred 18 yrs.

167

Registration Dist. Nd.

302

No. 235 Summit Avenue St. 2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 18 yrs.

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Luther L. Bishop

(a) Residence: No. 235 Summit Avenue  
(Usual place of abode)

If U. S. Veteran, specify WAR

St. 2 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Rebecca Bishop

6. DATE OF BIRTH (month, day, end year) August 20, 1864

7. AGE	Years 72	Months 11	Days 21	It LESS than 1 day, _____.hrs. or _____.min.
--------	-------------	--------------	------------	--

8. OCCUPATION	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Minister
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Franklin County Pa.

13. NAME Levi Bishop

14. BIRTHPLACE (city or town)  
(State or country) Franklin County Pa.

15. MAIDEN NAME Eliza Coover

16. BIRTHPLACE (city or town)  
(State or country) Franklin County Pa.17. INFORMANT W. C. Bishop,  
(Address) Chambersburg, Pa.18. BURIAL, CREMATION, OR REMOVAL  
Place Chambersburg, Pa. Date Aug. 13, 193719. UNDERTAKER Fred W. Kraiss,  
(Address) Hagerstown, Md.20. FILED 8-12-37 Blackowers  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 10, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19\_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_\_. death is said

I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_\_.  
to have occurred on the date stated above, at 8:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Gunshot wound  
in head

Date of onset

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_

(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
BUREAU U. S.	

Example II

The principal cause of death and related causes of importance were as follows:	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gallstones	May 1, 1923
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

---

---

---

---

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9108

## 1. PLACE OF DEATH

County Washington

(120)

Registration Dist. No. 302

Village or City Broadfording

St. Ward

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME Gera Anna Bowers

(a) Residence: No. Broadfording Hagerstown R. D. 2  
(Usual place of abode)

If U. S. Veteran, specify WAR

✓ Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
---------------	------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Samuel Bowers

6. DATE OF BIRTH (month, day, and year) June 1, 1864

7. AGE Years 67	Months 2	Days 22	If LESS than 1 day, hrs. or min.
-----------------	----------	---------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Work	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington County  
(State or country) Md.

13. NAME Samuel Harnish

14. BIRTHPLACE (city or town) Washington County  
(State or country) Md.

15. MAIDEN NAME Elizabeth Sword

16. BIRTHPLACE (city or town) Washington County  
(State or country) Md.

17. INFORMANT Samuel Bowers

(Address) Hagerstown Md. R. D. 2

18. BURIAL, CREMATION, OR REMOVAL

Place Broadfording Md. Date Aug. 25, 1937

19. UNDERTAKER Snyder-Rowland Funeral Home  
(Address) Clearspring, Md.20. FILED Aug. 25, 1937 Janet Bissamant Foley  
Deputy Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 23  
(Month) (Day) 1937  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Aug 14, 1937 to Aug 25, 1937

I last saw him alive on Aug 25, 1937; death is said to have occurred on the date stated above, at 1:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Faster exhaust

Data of onset

Cause Carbon Dioxide

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify (Signed) M. D.

(Address) Hagerstown Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
		1915
Chronic interstitial nephritis	SEP 7 1937	1921

Cerebral hemorrhage	BUREAU V. S.	Date of onset
		July 5, 1927

Other contributory causes of importance:	Date of onset
Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

9109

## 1. PLACE OF DEATH

County Washington

Village or City Williamsport, Md.

No.

301

Registration Dist. No.

St.

Ward

Length of residence in city or town where death occurred 84 yrs. 5 mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Hanna Ardinger Bowser

(a) Residence: No. Williamsport, Md.  
(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5a. If married, widowed, or divorced MRSAND of (or) WIFE of William O Bowser		
6. DATE OF BIRTH (month, day, end year)	March 16 1953	
7. AGE	Years 84	Months 5
	Deys 6	Oeys
	If LESS than 1 day, _____ hrs. or _____ min.	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Housewife
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
5 yrs ago	Life

12. BIRTHPLACE (city or town) Williamsport  
(State or country) Maryland

13. NAME Peter Ardinger

14. BIRTHPLACE (city or town) Maryland  
(State or country)

15. MAIDEN NAME Hanna Stinemetz

16. BIRTHPLACE (city or town) Williamsport,  
(State or country) Maryland

17. INFORMANT Miss Katie Bowser (daughter)  
(Address) Williamsport, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Riverview Cem Date Aug 25 1937

19. UNDERTAKER Edith V. Leaf

(Address) Williamsport, Md.

20. FILED Aug 31, 1937 Mrs. Edith V. Leaf  
(Address) Williamsport, Md.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

Aug 22  
(Month)22  
(Oey)1937  
(Year)

22. I HEREBY CERTIFY That I attended deceased from Aug 15, 1937, to Aug 22, 1937

I last saw deceased alive on Aug 22, 1937; death is said to have occurred on the date stated above at 6:20 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Concussion, Deterioration 9/2/37

Other Contributory Causes of Importance:

Concussion, Deterioration 9/2/37

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) *John P. Kennedy* M. O.  
(Address) Williamsport, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 4 1927	July 5, 1927
	BUREAU V. S.	
Other contributory causes of importance:		
Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

---

---

---

---

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9110

## 1. PLACE OF DEATH

County Washington (181)  
Village or City Hagerstown

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? years. mos. ds.

Registration Dist. No. 3022. FULL NAME Jacob H. Brewer

(a) Residence: No. 424 Virginia Ave  
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
--------------------	-------------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Carrie.6. DATE OF BIRTH (month, day, and year) Oct 14-1856

7. AGE <u>80</u>	Years <u>8</u>	Months <u>19</u>	Days <u></u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------	----------------	------------------	--------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <u>Farmer</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Retired</u>	
10. Date deceased last worked at this occupation (month and year) <u>Sept 14 1937</u>	11. Total time (years) spent in this occupation <u>40 years</u>

12. BIRTHPLACE (city or town)  
(State or country) Clearspring

13. NAME <u>Jacob H Brewer</u>
14. BIRTHPLACE (city or town) (State or country) <u>Clearspring</u>

15. MAIDEN NAME <u>Jane Engles</u>
------------------------------------

16. BIRTHPLACE (city or town) (State or country) <u>Baltimore</u>
--

17. INFORMANT <u>Mrs. J. H. Brewer</u>
(Address) <u>Hagerstown, Md.</u>

18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Pauls Cemetery</u>	Date <u>Aug 4 1937</u>
--	------------------------

19. UNDERTAKER <u>A. K. Coffman</u>
(Address) <u>Hagerstown, Md.</u>

20. FILED <u>8/11/37</u>	1937	<u>Death</u>
Registrar		

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 2  
(Month) 1937  
(Day) 1937  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 9, 1937, to Aug 2, 1937.

I last saw him alive on Aug 2, 1937; death is said to have occurred on the date stated above, at 3:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hypertension ?  
Arteriosclerosis ?  
Myocarditis ?  
Neuritis ch ?  
Hemiplegia (R) 7/19/37

Other Contributory Causes of importance:

Ischaemia

Date of onset

?

?

?

?

7/19/37

7/30/57

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) H. H. Porterfield M. D.  
(Address) 136 W Washington

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 7 1927	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

---

---

---

---



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	SEP 7 1937	1915
Cerebral hemorrhage		1921
BUREAU V. S.		

Other contributory causes of importance:

Gallstones	May 1, 1923	Other contributory causes of importance:
		Gastroenteritis
		1 year

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	
Chronic interstitial nephritis		
Cerebral hemorrhage		

Date of onset

1915

1921

July 5, 1927

SEP 7 1937

Other contributory causes of importance:

Gallstones	SUBMITTED V. S.	

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

## Example II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9113

## 1. PLACE OF DEATH

County

Washington

130

Registration Dist. No.

302

Village or City

Hagerstown

Length of residence in city or town where death occurred 23 yrs.

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

George R. Dahlhamer

If U. S. Veteran, specify WAR

(a) Residence: No. 835 Summit

Ave. 2 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Widower

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Ella.

6. DATE OF BIRTH (month, day, and year)

May 11-1858

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

79

2

25

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Merchant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

June 1910

11. Total time (years) spent in this occupation

30 yrs.

12. BIRTHPLACE (city or town)  
(State or country)

York Springs

Pa.

13. NAME

Jacob Dahlhamer

14. BIRTHPLACE (city or town)  
(State or country)

York Springs

Pa.

15. MARION NAME

Mary M. Harman

16. BIRTHPLACE (city or town)  
(State or country)

York Springs

Pa.

17. INFORMANT

Lloyd R. Dahlhamer

(Address)

Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Hagerstown, Md. Date: Aug 7, 1937

19. UNDERTAKER

D. K. Coates

(Address)

Hagerstown, Md.

20. FILED

8-7-1937

B. C. Board

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 5

(Month)

(Day)

1937  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

May 1, 1937, to Aug 5, 1937

I last saw him alive on Aug 5, 1937; death is said to have occurred on the date stated above, et al. 10 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

myocarditis chs  
atherosclerosis  
myocardial dilatationDate of onset  
3  
3  
8/5/37

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Porterfield  
(Address) 136 W. Washington

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	<b>RECEIVED</b>	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage		1921
	SEP 7 1937	July 5, 1927
	BUREAU V. S.	
Other contributory causes of importance:		
Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

---

---

---

---

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9114

## 1. PLACE OF DEATH

County Washington

Village or City ~~17 M~~ Hagerstown

Registration Dist. No.

302

No. 424 Mitchell Avenue

St.

5

Ward

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Nancy E. Daley

(a) Residence: No. 424 Mitchell Avenue  
(Usual place of abode)

If U. S. Veteran, specify WAR

St. 5 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

## 5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE OF

Harry L. Daley

## 6. DATE OF BIRTH (month, day, and year)

March 5, 1887

## 7. AGE

Years  
50Months  
5Days  
4If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Home Work9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Hagerstown,  
Md.

## MOTHER FATHER

13. NAME John Betts

14. BIRTHPLACE (city or town)  
(State or country)Washington County  
Md.

15. MAIDEN NAME Alice Trovinger

16. BIRTHPLACE (city or town)  
(State or country)Washington County  
Md.17. INFORMANT Harry L. Daley  
(Address) Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown, Md. Date Aug. 11, 1937

19. UNDERTAKER Fred W. Kraiss,  
(Address) Hagerstown, Md.20. FILED 8-11-1937 *Blaseff* *Boovers*  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 9, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

July 26, 1937, to Aug 4, 1937  
I last saw him alive on Aug 8, 1937; death is said  
to have occurred on the date stated above, at 6:00 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:*Carcinoma of  
stomach*

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *W. H. Kraiss* M. D.  
(Address) *Hagerstown, Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 7 1937
Chronic interstitial nephritis	1921
Cerebral hemorrhage	JULY 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**STATE OF MARYLAND—CERTIFICATE OF DEATH**

9115

**1. PLACE OF DEATH**

County Washington 952  
 Village or City Hagerstown

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

**2. FULL NAME** Mrs Anna TT Diggs.

(a) Residence: No. 133 W Franklin St., S Ward.

(Usual place of abode)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow -</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Isaac</u>				
6. DATE OF BIRTH (month, day, and year) <u>Aug 21 - 1855</u>	7. AGE Years <u>81</u>	Months <u>6</u>	Days <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u>				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				
10. Date deceased last worked at this occupation (month and year) <u>Aug 1937</u>				
11. Total time (years) spent in this occupation <u>40 yrs</u>				
12. BIRTHPLACE (city or town) <u>Oyststown</u> (State or country) <u>Pa.</u>				
13. NAME <u>Martin H. Laudis.</u>				
14. BIRTHPLACE (city or town) <u>Fayetteville</u> (State or country) <u>Pa</u>				
15. MAIDEN NAME <u>EmmaLine Fetter.</u>				
16. BIRTHPLACE (city or town) <u>Fayetteville</u> (State or country) <u>Pa</u>				
17. INFORMANT <u>Mrs Rhee Hopper</u> (Address) <u>Baltimore Md.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Hagerstown Md.</u> Date <u>Aug 16, 1937</u>				
19. UNDERTAKER <u>A. K. Eastman</u> (Address) <u>Hagerstown Md.</u>				
20. FILED <u>8-16-1937</u> <u>Miss Bowers</u> Registrar.				

Registration Dist. No. 302 Ward 5

No. 133 W Franklin St., S Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U. S. Veteran, specify WAR St. S Ward.

If nonresident give city or town and State

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** Aug 14  
(Month) 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1937 to 8-14-1937  
I last saw her alive on 8-13-1937; death is said to have occurred on the date stated above, at 9:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Ch. Myomectomy Date of onset 1920

Other Contributory Causes of importance:  
Cysto - celom

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify \_\_\_\_\_

(Signed) J. D. Dicks M. D.  
(Address) Hagerstown Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	SEP 7 1927	1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
		Attack of epilepsy
		Run over by street car
		Peritonitis

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

---

---

---

---

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9117

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Child of James K. Fackler If U. S. Veteran, specify WAR(a) Residence: No. 208 N. Locust (Usual place of abode)

St. 4 Ward.

Registration Dist. No. 302

302

St. 4 Ward

No. 208 N. Locust

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) <u>Single</u>
----------------------	-------------------------------	--

6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Aug 29-1937

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or 45 min.
--------	-------	--------	------	---

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>	
10. Date deceased last worked at this occupation (month and year) <u></u>	11. Total time (years) spent in this occupation <u></u>

12. BIRTHPLACE (city or town)  
(State or country) Hagerstown Md

13. NAME James K. Fackler

14. BIRTHPLACE (city or town)  
(State or country) Wilsons Md

15. MAIDEN NAME Mildred R. Duke

16. BIRTHPLACE (city or town)  
(State or country) Northumberland Pa

17. INFORMANT  
(Address) J. K. Fackler  
Hagerstown Md

18. BURIAL, CREMATION, OR REMOVAL  
Place St. Paul's church Md. Date Aug 29, 1937

19. UNDERTAKER Scott & Minnichson  
(Address) Hagerstown Md

20. FILED 8-29-37 Black & Decker  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 29  
(Monthly) 29  
(Day) 1937  
(Year)

22. I HEREBY CERTIFY That I attended deceased from Aug 29, 1937, to Aug 29, 1937.

I last saw her alive on Aug 29, 1937; death is said to have occurred on the date stated above, at 12:55 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature - (5 mo fetus)

Date of onset

## Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What last confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did Injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) John H. Shulman M. D.

(Address) Hagerstown Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	SEP 7 1937	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

9116

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

Length of residence in city or town where death occurred. yrs. mos. ds. If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME George Amadeo Farcinoglio

(a) Residence: No. Security St., Ward.

(Usual place of abode)

Registration Dist. No. 302

Ward

No. Wash Co Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If death occurred in a hospital or institution, give its NAME instead of street and number)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug 26 - 1937

7. AGE

Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
		2	

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)13. NAME Mildred Farcin14. BIRTHPLACE (city or town)  
(State or country)15. MAIDEN NAME Mildred Spilling16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT Mr. Mildred Farcin  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Hagerstown Date Aug 30. 193719. UNDERTAKER Scott & Minnick Son  
(Address)20. FILED 8-28-1937 Shastell Boevers

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug. 28  
(Month) (Day), 1937 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 26, 1937, to Aug 28, 1937I last saw him alive on Aug 28, 1937; death is saidto have occurred on the date stated above, at 2:20 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Acute Hemorrhage Disease  
of newborn Aug 27

Date of onset

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) July 5, 1937 John F. Rodman M. D.(Address) 105 W. 7th Street Hagerstown Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	SEP 7 1937	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH CB 9118

## 1. PLACE OF DEATH

County Washington  
 Village or City Hagerstown

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Mrs Catherine E. Forner

(a) Residence: No. Hilliard Fla.  
 (Usual place of abode)

Registration Dist. No. 302

St. 5 Ward

No. 824 The Terrace

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female white widow

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

John M.

6. DATE OF BIRTH (month, day, and year)

October 12 - 1871

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

65

10

11

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town)

(State or country)

Shepherdstown  
W. Va.

MOTHER FATHER

13. NAME Edie Johnson

14. BIRTHPLACE (city or town)

(State or country)

Shepherdstown  
W. Va.

15. MAIDEN NAME Suee Heedricks

16. BIRTHPLACE (city or town)

(State or country)

Shepherdstown  
W. Va.

17. INFORMANT Mrs Russell Howard

(Address)

Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Shepherdstown, Md. Aug 25, 1937

19. UNDERTAKER A. K. Cossman

(Address)

Hagerstown, Md.

20. FILED 8-25-1937

Place

Death Process

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 23  
(Month)

1937  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug. 21, 1937, to Aug. 23, 1937.

I last saw her alive on Aug. 23, 1937; death is said to have occurred on the date stated above, at 11 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage  
Spinal Arteriosclerosis  
Hemiplegia  
Acute Myocardial Failure

Date of onset  
Apr. 1937

Date of death  
Apr. 1937

Other Contributory Causes of importance:

Name of operator \_\_\_\_\_

Date of \_\_\_\_\_

What last confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_

Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) A. K. Campbell  
(Address) Hagerstown, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 7 1937	1921

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9119

## 1. PLACE OF DEATH

County Washington

ba

Registration Dist. No.

305

Village or City Mapleville, Md.

No.

St. Ward

Length of residence in city or town where death occurred 50 yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs.

mos.

ds.

## 2. FULL NAME Manzella Gantz

If U. S. Veteran, specify WAR

(a) Residence: No. Mapleville, Md.

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
---------------	------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of John Gantz

6. DATE OF BIRTH (month, day, and year) January 9, 1855

7. AGE Years 82	Months 7	Days 3	If LESS than 1 day, hrs. or min.
-----------------	----------	--------	----------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Middletown  
(State or country) Md.

13. NAME Daniel Smith

14. BIRTHPLACE (city or town) Frederick County  
(State or country) Md.

15. MAIDEN NAME Lydia Flock

16. BIRTHPLACE (city or town) Frederick County  
(State or country) Md.17. INFORMANT E. T. Gross,  
(Address) Mapleville, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Near Mapleville Date Md. Aug. 15, 3719. UNDERTAKER Fred W. Kraiss,  
(Address) Hagerstown, Md.20. FILED Aug. 15, 1937 William D. Baer  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 12, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Aug. 11, 1937, to Aug. 12, 1937. I last saw her alive on Aug. 12, 1937; death is said to have occurred on the date stated above, at 7:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Principal Cause of death: *Paroxysmal Hemorrhage*  
Cause of death: *Gastric Hemorrhage*  
Cause of death: *Unknown*  
Date of onset: 8-11-37  
Date of death: 8-11-37

Other Contributory Causes of importance:

Physician attended patient only in her last day of illness. No further information

Name of operation: *None* Date of: *None*What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? *No*If so, specify *None*

(Signed) *W. B. Neafsey*  
(Address) *Baltimore, Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 8 1937	July 5, 1927

Other contributory causes of importance:

Gallstones	RECEIVED	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9120

## 1. PLACE OF DEATH

County Washington Co.  
Village or City Hagerstown

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Robert Harold Gettel(a) Residence: No. Greencastle R.D. 3. Pa. St.  
(Usual place of abode)

108

Registration Dist. No. 302

3

Ward

No. Washington Co. Hospital, St.,  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U. S. Veteran, specify WAR

Ward. Mennar

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (write the word)		
6. DATE OF BIRTH (month, day, and year) <u>Jan. 13<sup>th</sup> 1936</u>				
7. AGE	Years <u>1</u>	Months <u>6</u>	Days <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>	
10. Date deceased last worked at this occupation (month and year) <u></u>	11. Total time (years) spent in this occupation <u></u>

12. BIRTHPLACE (city or town) <u>Franklin Co.</u> (State or country) <u>Penns</u>
--

13. NAME <u>Harry W. Gettel</u>
---------------------------------

14. BIRTHPLACE (city or town) <u>Franklin Co.</u> (State or country) <u>Penns</u>
--

15. MAIDEN NAME <u>Yora Jones</u>
-----------------------------------

16. BIRTHPLACE (city or town) <u>Habington, Tugs</u> (State or country) <u>Penns</u>
---

17. INFORMANT <u>Harry W. Gettel</u> (Address) <u>Greencastle, Pa. R.D. 3</u>
--

18. BURIAL, CREMATION, OR REMOVAL Place <u>Txt Pleasant Pa</u> Date <u>Aug. 6<sup>th</sup> 1937</u>
--

19. UNDERTAKER <u>David Brattie</u> (Address) <u>Greencastle, Pa.</u>
--

20. FILED <u>8-4-1937</u> <u>Death</u> <u>Greencastle, Pa.</u>
--

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 4-1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 10, 1937 to Aug 1, 1937I last saw him alive on Aug 1, 1937; death is said to have occurred on the date stated above at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Other pneumoniaDate of onset July 12

## Other Contributory Causes of Importance:

Name of operation None Date of 1937What last confirmed diagnosis? Physical Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_; 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) W. E. Gettel M. D.(Address) Greencastle, Pa.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

		Date of onset
Arteriosclerosis	BUREAU V. S.	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

9121

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County

Dwight Huntington

Registration Dist. No. 304

Village or City

Hancock

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Dwesley Vernon Graham

U. S. Veteran, specify WAR

Mead Cabilill Sta. 24, M. P. R.

Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

M

W

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

DEC 6 1917

7. AGE

Years

19

Months

8

Days

10

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Laborer

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

General

10. Date deceased last worked at  
this occupation (month and  
year)

July 23, 37

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Wash C. Md

MOTHER FATHER

13. NAME

Dwesley E. Graham

14. BIRTHPLACE (city or town)

(State or country)

David L. Va.

15. MAIDEN NAME

Mary E. Nixon

16. BIRTHPLACE (city or town)

(State or country)

Wash C. Md

17. INFORMANT

(Address)

Dwesley E. Graham

18. BURIAL, CREMATION, OR REMOVAL

(Place)

Catalpa Cem.

(Date)

Aug 18, 37

19. UNDERTAKER

(Address)

Dwesley E. Graham

(Date)

Aug 18, 37

20. FILED

(Date)

Aug 16, 37

(Address)

Dwesley E. Graham

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug  
(Month)16  
(Day)1937  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 23, 1937, to Aug 16, 1937

I last saw him alive on Aug 15, 1937, death is said

to have occurred on the date stated above, at 3:45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Typhoid Fever

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Data of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_

M. Shaffer

Ancock

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED		Date of onset
Arteriosclerosis	SEP 8 1937	1915
Chronic interstitial nephritis	BUREAU V. S.	1921
Cerebral hemorrhage		July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

---

---

---

---

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9122

## 1. PLACE OF DEATH

County

Washington

820

Registration Dist. No.

302

Village or City

Hagerstown

No. Wash. Co. Home St., S. Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Residence (County, Name, St., S. Ward.)

(Usual place of abode)

U. S. Veteran, specify WAR

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (mark the word)

6. If married, widowed, or divorced

HUSBAND or

WIFE or

MOTHER or

FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

SISTER or BROTHER or

DAUGHTER or SON or

MOTHER or FATHER or

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 7 1937	1921
		July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones

May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9123

## 1. PLACE OF DEATH

County Washington County

Village or City Clearspring Maryland

Registration Dist. No. 303

Length of residence in city or town where death occurred

yrs. 1 mos. 0 ds. How long in U. S. if of foreign birth? yrs. 0 mos. 0 ds.

## 2. FULL NAME Robert Irvin Guessford

(a) Residence: No. Clearspring, Maryland  
(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
-------------	------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Baby

6. DATE OF BIRTH (month, day, and year) Dec. 7 1936

7. AGE	Years 8	Months	Days 4	If LESS than 1 day, ____ hrs. or ____ min.
--------	---------	--------	--------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Hagerstown  
(State or country) Maryland

13. NAME Russel Guessford

14. BIRTHPLACE (city or town) Maryland  
(State or country)

15. MAIDEN NAME Bertha Susan Irvin

16. BIRTHPLACE (city or town) Maryland  
(State or country)17. INFORMANT Russel Guessford (father)  
(Address) Clearspring, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place St. Pauls Date Aug. 13, 1937

19. UNDERTAKER Edith V Leaf  
(Address) Williamsport, Md.20. FILED Aug. 12, 1937 *Lucy Murray*  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug. 11, 1937 (Month) (Day) 1937 (Year)

22. I HEREBY CERTIFY That I attended deceased from Aug. 10, 1937, to Aug. 11, 1937.

I last saw him alive on Aug. 11, 1937; death is said to have occurred on the date stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Cholera Morbus* Date of onset Aug. 10, 1937

Other Contributory Causes of Importance:

*None known*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *David P. O'Gowen* M. D.  
(Address) Clear Spring Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

## Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

9124

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County Washington 95-C  
 Village or City Clevelandville (near Boonsboro) Registration Dist. No. 305  
 St., Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Archie Elizabeth F. Waller If U. S. Veteran, specify WAR

(a) Residence: No. Clevelandville Md. St. Ward.  
 (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widowed</u>
----------------------	-------------------------------	---

5a. If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of

Amos Waller

6. DATE OF BIRTH (month, day, and year) October 7, 1870

7. AGE <u>66</u> Years	Months <u>10</u>	Days <u>1</u>	If LESS than 1 day, <u>—</u> hrs. or <u>—</u> min.
------------------------	------------------	---------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Own Home</u>	
10. Date deceased last worked at this occupation (month and year) <u>August 1937</u>	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (city or town) Quinton Penna. (State or country)

13. NAME John Wagaman

14. BIRTHPLACE (city or town) Quinton Penna. (State or country)

15. MAIDEN NAME Eva Utz

16. BIRTHPLACE (city or town) Maryland Fred. Co. Md. (State or country)

17. INFORMANT Mrs. J. W. Wagaman (Address) Boonsboro Md. R. 2

18. BURIAL, CREMATION, OR REMOVAL Place Brunswick Md. Date Aug. 12, 1937

19. UNDERTAKER C. W. D. Bass & Son (Address) Boonsboro Md.

20. FILED Aug. 12, 1937 (Signature) William D. Bass Registr.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 8, 1937

(Month) (Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Aug 1, 1937 to Aug 8, 1937

I last saw her alive on Aug 7, 1937; death is said to have occurred on the date stated above, at 5 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Thycarditis.

1930

Other Contributory Causes of importance:

Arteriosclerosis with  
essential hypertension

1928

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_ (Signed) J. W. Letton M. D.

(Address) Boonsboro

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 6 1937	July 5, 1927
BUREAU V. S.		

Other contributory causes of importance:

Gallstones May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9125

## 1. PLACE OF DEATH

County

Washington

82-2

Registration Dist. No.

303

Village or City

Big Pole Rd.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

How long in U. S. if of foreign birth?

yrs.

mos.

yrs.

mos.

## 2. FULL NAME

Harry Adams Hart,

(a) Residence: No. Big Pole Rd. Near Park Head Md.

(Usual place of abode)

If U. S. Veteran, specify WAR

Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Clara Hart

6. DATE OF BIRTH (month, day, and year)

Feb. 3 1887

7. AGE

50

Years

Months

Days

If less than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

Rail Road Worker

8. Trade, profession, or particular

kind of work done, as SPINNER,

SAWYER, BOOKKEEPER, etc.

9. Industry or business in which

work was done, as SILK MILL,

SAW MILL, BANK, etc.

10. Date deceased last worked at

this occupation (month and

year)

11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Washington, D. C.  
Maryland

13. NAME

John. Hart

14. BIRTHPLACE (city or town)  
(State or country)Washington, D. C.  
Maryland

15. MAIDEN NAME

Francis Keefer

16. BIRTHPLACE (city or town)  
(State or country)Washington, D. C.  
Maryland

17. INFORMANT

Mrs. Clara Hart

(Address)

Big Pole Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Sherman Cemetery Date: Aug. 28, 1937

19. UNDERTAKER

Snyder-Roseland Funeral Home

(Address)

Clear Spring, Md.

20. FILED

Aug. 37 N. S. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug. 25

(Month)

(Day)

, 1937 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan. 26, 1937, to Aug. 24, 1937; death is said

to have occurred on the date stated above at 5 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Not due to accident, cont. P.  
 (Ruptured brain, multiple cerebral hemorrhages,  
 cerebral hemorrhage due to an "developing aneurysm" in brain diagnosed  
 as "fractured left frontal bone." No tumor found at autopsy.  
 Other contributory causes of importance: Cerebral operation, University of  
 Maryland, Maryland.

Cerebral hemorrhage due to aneurysm in brain diagnosed  
 as "fractured left frontal bone." No tumor found at autopsy.

Name of operation: Cerebral hemorrhage due to aneurysm in brain diagnosed  
 as "fractured left frontal bone." No tumor found at autopsy.

What last confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of Injury

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

Decedent was admitted to the University of Maryland

Manner of Injury: Hospital, July 3rd, 1937; discharged August 16th,

Nature of injury: 1937. Injured

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 13 1937	July 5, 1927

Other contributory causes of importance:

Gallstones	RECEIVED	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

---

---

---

---

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9126

## 1. PLACE OF DEATH

County Washington  
Village or City Leitersburg

13-2

Registration Dist. No. 302St. 2 Ward 2

Length of residence in city or town where death occurred

yrs. — mos. — 30 ds. How long in U.S. If of foreign birth? yrs. mos. ds.2. FULL NAME Florence Loretta HartleH. U. S. Veteran, specify WAR(a) Residence: No. 1010 Rose Hill Ave. Hagerstown <sup>3rd Ward</sup> Md.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofJohn C. Hartle6. DATE OF BIRTH (month, day, and year) September 27 - 1869  
7. AGE Years 67 Months 11 Days 2 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. H. housewife  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home  
10. Date deceased last worked at this occupation (month and year) Aug. 16, 1937 11. Total time (years) spent in this occupation 45 yrs12. BIRTHPLACE (city or town) Chewerville  
(State or country) Wash. Co. Md.13. NAME Jacob Eckstine14. BIRTHPLACE (city or town) Chewerville  
(State or country) Wash. Co. Md.15. MAIDEN NAME — Lecrone  
16. BIRTHPLACE (city or town) Wayneboro  
(State or country) Penna.17. INFORMANT John C. Hartle  
(Address) 1010 Rose Hill Ave. Hagerstown18. BURIAL, CREMATION, OR REMOVAL  
Place Rose Hill Cemetery Date Sept. 1, 193719. UNDERTAKER W. J. Best & Son  
(Address) 130 W. Newcomer20. FILED Aug 30, 1937 W. B. Newcomer  
Registrar Sept 1, 1937

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 29, 193722. I HEREBY CERTIFY That I attended deceased from Aug. 16, 1937 to Aug. 29, 1937  
I last saw her alive on August 28, 1937; death is said  
to have occurred on the date stated above, at 5:15 p.m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Intercallosclerosis.  
Endarteritis obliterans,  
of popliteal artery (left)  
with resulting gangrene

Aug. 16, 1937

1937

Other Contributory Causes of Importance:

Hypertension, Chronic  
myocarditis

2

Name of operation None Date of 19What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Ray Bell M. D.(Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED  
SEP 7 1927  
BUREAU

Other contributory causes of importance:

Gallstones

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9127

## 1. PLACE OF DEATH

County

Washington

1911

Registration Dist. No.

302

Village or City

Wilson, at tourist camp

St. Ward

Length of residence in city or town where death occurred

yrs. traveling through How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Thomas Jefferson Hughes

If U. S. Veteran, specify WAR

X

Wheeling W. Va

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Catherine Carney

6. DATE OF BIRTH (month, day, and year)

89 1848 Nov 11

Years Months Days If LESS than  
1 day, hrs. or min.

89 1848 Nov 11 11

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Blacksmith

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

X

10. Date deceased last worked at this occupation (month and year)

20 yr

11. Total time (years) spent in this occupation

50

12. BIRTHPLACE (city or town)

(State or country) Green Co Pa

13. NAME

William Hughes

14. BIRTHPLACE (city or town)

(State or country) No Record

15. MAIDEN NAME

Jane Young

16. BIRTHPLACE (city or town)

(State or country) W. Penn

17. INFORMANT

(Address) Wm Martin Mitch

18. BURIAL, CREMATION, OR REMOVAL

Place Wheeling W. Va Date 8-19 1937

19. UNDERTAKER

(Address) A. K. Cossmare

20. FILED

8-19-1937

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

8  
(Month)19  
(Day)1937  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

August 19, 1937, to August 19, 1937

I last saw him alive on 8-19, 1937; death is said to have occurred on the date stated above, at 9.30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

unusual heat and humidity and age

Date of onset

Other Contributory Causes of Importance:

Name of operation X Date of

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? Wilson, Md

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury X

Nature of Injury X

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Char E. Henson of W. Va

(Address) Clear Spring Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	SEP 7 1937	1921
Cerebral hemorrhage	SEP 7 1937	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9128

## 1. PLACE OF DEATH

County. Washington.  
Village or City Hagerstown

Length of residence in city or town where death occurred 15 yrs.

Registration Dist. No. 302

No. 624 W. Franklin St. 5 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME. Ralph M. Kemp

(a) Residence: No. 624 W. Franklin St. 5 Ward.  
(Usual place of abode)

If U. S. Veteran, specify WAR

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 9, 1901

7. AGE Years 36 Months 11 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, Shoe factory worker  
SAWYER, BOOKKEEPER, etc.  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 15 years12. BIRTHPLACE (city or town) Page County, Va.  
(State or country) Va.

13. NAME Daniel Kemp

14. BIRTHPLACE (city or town) Page County.  
(State or country) Va.

15. MAIDEN NAME Laura Martin.

16. BIRTHPLACE (city or town) Page County.  
(State or country) Va.17. INFORMANT Mrs Laura Kemp. (Mother)  
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Luray, Va Date Aug 22, 1937

19. UNDERTAKER Fred W. Kraiss.  
(Address) Hagerstown, Md.20. FILED 8-21-1937 *Death Recovery*  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 18, 1937  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY That I attended deceased from

Aug. 2, 1937, to Aug. 18, 1937

I last saw him alive on Aug. 18, 1937; death is said to have occurred on the date stated above, at 4:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Acute military tuber- Aug.  
culosis 21 1937

## Other Contributory Causes of importance:

Pulmonary tuberculosis Aug.  
Chronic 21 1937

Name of operation none Data of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) *La. D. Bell* M. D.

(Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	SEP 7 1937	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	BUREAU U. S.	1921

BUREAU U. S.

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago


Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 8 1937	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923	Date of onset

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9130

## 1. PLACE OF DEATH

County Washington

Village or City Near Williamsport

Registration Dist. No. 311

820

St. Ward

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Millard Fillmore Kershner

(a) Residence: No. Near Williamsport

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced—  
HUSBAND of  
(or) WIFE of

Susan Kershner

6. DATE OF BIRTH (month, day, and year) May 28. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
81	3	2		

OCCUPATION  
Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Farmer

Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

Farmer

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Marlow Berkley County W. Va.

13. NAME Cyrus Kershner

14. BIRTHPLACE (city or town)  
(State or country)

Marlow Berkley County W. Va.

15. MAIDEN NAME Nancy Smith

16. BIRTHPLACE (city or town)  
(State or country)

Marlow Berkley W. Va.

17. INFORMANT  
(Address)

Susia Kershner Williamsport MD

18. BURIAL, CREMATION, OR REMOVAL

Place River View Cemetery Date Sept. 1 1937

19. UNDERTAKER  
(Address)

Edith W. Leaf Williamsport MD

20. FILED

Aug 30, 1937 J. S. Board Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August (Month) 30 (Day), 1937 (Year)

22. I HEREBY CERTIFY That I attended deceased from

Aug. 25 1937 to Aug 29 1937 death is said  
to have occurred on the date stated above, et. 1 A.m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Cerebral hemorrhage

Date of onset

8/25

Other Contributory Causes of Importance:

Cerebral hemorrhage

2.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_ 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

Dr. J. S. Board M. D.

(Address) Williamsport MD

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	SEP 9 1927	1921
Cerebral hemorrhage	REAU X. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9131

## 1. PLACE OF DEATH

County Washington County Hospital

Registration Dist. No. 302

Village or City Hagerstown

St. 3 Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME J. Gene Oliver Kretzer

(a) Residence: No. Antietam

(Usual place of abode)

If U. S. Veteran, specify WAR

St. ✓ Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
-------------	------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)		April 14 1937		
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
		4	5	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Infant
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Antietam13. NAME Robert Hammond  
Penn.14. BIRTHPLACE (city or town)  
(State or country)

15. MATURE NAME Mary V Kretzer

16. BIRTHPLACE (city or town)  
(State or country) Antietam Washington County17. INFORMANT Oliver T Kretzer  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Mountain View Date Aug. 20, 193719. UNDERTAKER Edith V Leaf  
(Address) Williamsport MD20. FILED 8-20-1937 Ghast Bowers  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

8 18, 1937 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from 7/17, 1937, to 7/18, 1937, death is said

I last saw him alive on 8/15, 1937, to have occurred on the date stated above, at 1:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Gastroenteritis Acute

Data on onset

8/17/37

## Other Contributory Causes of Importance:

Pertussis  
Intestinal Irrigation.

8/17/37

Name of operation \_\_\_\_\_ Data of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Data of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify T. V. Clegg, M.D.

(Signed)

(Address) 107 W. Washington St.

UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation.  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

**The principal cause of death and related causes of importance were as follows:**

Arteriosclerosis  
Chronic interstitial nephritis  
Cerebral hemorrhage

RECEIVED  
SEP 7 1951  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

Other contributory causes of importance:  
Gallstones

### Example II

**The principal cause of death and related causes of importance were as follows:**

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9132

## 1. PLACE OF DEATH

County

Washington

Village or City

Hagerstown

Length of residence in city or town where death occurred

39 yrs.

933

Registration Dist. No. 302

No. 212 N. Potomac St., 4 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Frank Hiram Landis

If U. S. Veteran, specify WAR

(a) Residence: No. 212 N. Potomac St., 4 Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Amanda.

6. DATE OF BIRTH (month, day, and year)

Nov. 28-1884

7. AGE

52

Years

Months

8

Days

4

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Insurance Agent.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

Marlboro.

(State or country)

W. Va

MOTHER FATHER

13. NAME

Christian Landis

14. BIRTHPLACE (city or town)

Pa.

(State or country)

15. MAIDEN NAME

Sylbilla Lemaster

16. BIRTHPLACE (city or town)

W. Va.

(State or country)

17. INFORMANT

(Address)

Adrian Landis

18. BURIAL, CREMATION, OR REMOVAL

Hagerstown, Md

Place

8/4

1937

19. UNDERTAKER

(Address)

C. M. Sutter &amp; Sons

Hagerstown, Md

20. FILED

8-4-1937

Death Record

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 2

(Month)

(Day)

1937  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 16, 1937, to Aug 2, 1937. I last saw him alive on Aug 2, 1937; death is said to have occurred on the date stated above, at 8 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hypertension  
Hypertrophic  
Atherosclerosis  
Dilatation heart  
Chronic myocarditis. Duration unknown.

Other Contributory Causes of importance: C. M. R.

Date of onset  
7/5/37

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. D. Porterfield M. D.

(Address) 136 W. Washington St.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 7 1937	1921
BUREAU V. S.		
Other contributory causes of importance:		
Gallstones		July 5, 1927
Other contributory causes of importance:		
		May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
Other contributory causes of importance:	
Gastroenteritis	3 days ago
Other contributory causes of importance:	
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9133

## 1. PLACE OF DEATH

County Washington  
Village or City Waverly

2107m

Registration Dist. No. 307

St.

Ward

Length of residence in city or town where death occurred 1 yrs.ND.  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. 1 ds. 1 How long in U.S. if of foreign birth? 1 yrs. mos. 1 ds.

## 2. FULL NAME

Grace Alberta Longbrake

If U. S. Veteran, specify WAR

(a) Residence: ND.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of  6. DATE OF BIRTH (month, day, end year) July 1st 19217. AGE 16 Years 1 Months 17 Days 17 If LESS than  
1 day, 0 hrs.  
or 0 min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEKEEPER, etc. Scholar  
9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.  
10. Date deceased last worked at  
this occupation (month and  
year)   11. Total time (years)  
spent in this  
occupation  12. BIRTHPLACE (city or town)  
(State or country) Md13. NAME Thomas Longbrake  
FATHER14. BIRTHPLACE (city or town)  
(State or country) W Va15. MAIDEN NAME Anna Louise Long  
MOTHER16. BIRTHPLACE (city or town)  
(State or country) Md17. INFORMANT Thomas Longbrake  
(Address) Brunswick Md18. BURIAL, CREMATION, OR REMOVAL  
Place St. Marks man Pitman Date Aug 21, 193719. UNDERTAKER Off 227 1/2 St  
(Address) Brunswick Md20. FILED Aug 20<sup>th</sup>, 1937 Cornelius H. Castle  
Deputy Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 19

(Month)

(Day)

, 1937 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 1937, 101937I last saw h.   alive on  , 1937; death is saidto have occurred on the date stated above, at   m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Killed instantly on  
public road  
Street by Automobile

Date of onset

Other Contributory Causes of importance:

Name of operation   Date of  What test confirmed diagnosis?   Was there an autopsy?  

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide accident Date of injury Aug 19, 1937Where did injury occur? Road near town, Md

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Street by Automobile  
Nature of injury Fro. Head Steel

24. Was disease or injury in any way related to occupation of deceased?

If so, specify  (Signed) John H. Castle M. D.(Address) Brunswick, Md.MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Other contributory causes of importance:

Gallstones

May 1, 1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

I

# STATE OF MARYLAND—CERTIFICATE OF DEATH

9134

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? mos. ds.

## 2. FULL NAME

Chas Ellsworth Lowery  
(a) Residence: No. 213 Norway Ave.

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Helen</u>				
6. DATE OF BIRTH (month, day, and year)	<u>Apr 17 - 1901</u>			
7. AGE	Years <u>36</u>	Months <u>4</u>	Days <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION <u>Labours</u>	9. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>T.S. Michael Lee Co.</u>
10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>T.S. Michael Lee Co.</u>	11. Total time (years) spent in this occupation <u>10</u>
10. Date deceased last worked at this occupation (month and year) <u>Apr 17 - 1937</u>	

12. BIRTHPLACE (city or town)  
(State or country) Hagerstown  
md.

13. NAME John Lowery  
14. BIRTHPLACE (city or town)  
(State or country) Reedysville  
md.

15. MAIDEN NAME Mahala Bratke  
16. BIRTHPLACE (city or town)  
(State or country) Chambersburg  
Pa

17. INFORMANT Mrs Helen Lowery  
(Address) Hagerstown, md

18. BURIAL, CREMATION, OR REMOVAL  
Place Hagerstown Date Sept 1 1937

19. UNDERTAKER A. F. C. S. man  
(Address) Hagerstown md

20. FILED 8-1-1937 Chas Lowery  
Registrar

Registration Dist. No. 302

No. Wash Co Hospital St. 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U. S. Veteran, specify WAR

St. 5 Ward.

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

Aug 30  
(Month) Aug 30 (Day), 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

June 19, 1937 to Aug 20, 1937  
I last saw deceased alive on Aug 10, 1937; death is said to have occurred on the date stated above, at 11:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pericarditis  
with emphysema

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signature)

(Address) W. D. H. Hagerstown, md M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	OCT 6 1937	1921

Other contributory causes of importance:	RECEIVED	
Gallstones		July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

---

---

---

---

(1) MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

9135

**1. PLACE OF DEATH**

County

Washington <sup>WITHIN CORPORATE LIMITS</sup>

Village or City

Wolfsville, Hagerstown

Length of residence in city or town where death occurred

yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

107-21

Registration Dist. No.

302

St. 3 Ward

ND. Wash. Co. Hospital

**2. FULL NAME** Pansy Grace Malotte

(a) Residence: ND.

Wolfsville, Md. <sup>Wash. Co.</sup>

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward.

If nonresident give city or town and State

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

July 22, 1934

7. AGE

3

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

Wolfsville, Md.

(State or country)

MOTHER

FATHER

13. NAME Emory Malotte

14. BIRTHPLACE (city or town)

Wolfsville, Md.

(State or country)

15. MAIDEN NAME

Fannie Green

16. BIRTHPLACE (city or town)

Wolfsville, Md.

(State or country)

17. INFIRMAT

Emory Malotte

(Address)

Wolfsville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Wolfsville, Date: Aug. 22, 1937

19. UNDERTAKER

Gladhill Co.

(Address)

Liddletown, Md.

20. FILED

8-22, 1937

Classified

Registrar.

**MEDICAL CERTIFICATE OF DEATH**
**21. DATE OF DEATH**
Aug. -  
(Month)21  
(Day)1937  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

JUNE 12, 1937, to AUG. 21, 1937.

I last saw deceased alive on AUG. 21, 1937; death is said to have occurred on the date stated above, at 1 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Brachy-pneumonia terminal (Aug. 23, 1937)  
Hyper-tension like the nephritis  
was probably a sequel to an attack of chickenpox  
unreported by a previous physician. ~~surgeon~~

Other Contributory Causes of Importance:

Nephritis; a form of acute nephritis, with marked albuminuria. ~~Aug. 23, 1937~~

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What last confirmed diagnosis? ~~Bleeding~~ Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur?

Specify city or town, county and State

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signature) *J. Edwin Glen* M. D.

(Address) 109 W. Washington St.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

SEP 7 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

---

---

---

---

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Washington

46-71

Registration Dist. No.

304

St. \_\_\_\_\_ Ward \_\_\_\_\_

Village or City

Hancock

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

77 yrs. 8 mos. 27 ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

James Robert Mann

(Usual place of abode)

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

white

5. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE of

Macy Mann

6. DATE OF BIRTH (month, day, and year)

Nov. 14, 1859

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

77 8 27

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Retired

10. Date deceased last worked at this occupation (month and year)

adult life

12. BIRTHPLACE (city or town)

(State or country)

Pennsylvania

## MOTHER / FATHER

13. NAME

Denton Mann

14. BIRTHPLACE (city or town)

(State or country)

Pennsylvania

15. MAIDEN NAME

Sarah A. Scott

16. BIRTHPLACE (city or town)

(State or country)

Pennsylvania

17. INFORMANT

(Address)

Scott A. Mann

Little Orleans Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Hancock Cemetery

Date Aug. 13, 1937

19. UNDERTAKER

(Address)

Ephraim Smith

Attenuator

20. FILED

Date

8/12/37

J. P. Jenkins

Registrar

9136

## 21. DATE OF DEATH

Aug.

11

(Month) (Day), (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Feb.

1937

to

Aug. 11, 1937

I last saw him alive on Aug. 10, 1937; death is said to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of  
pancreasDate of onset  
about Jan. 1937

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? X Ray Was there an autopsy? X

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur?

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

(Address)

J. A. Watson  
Little Orleans, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

SEP 6 1937

Other contributory causes of importance:

Gallstones	BUREAU U. S.	May 1, 1928
------------	--------------	-------------

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9137

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

Registration Dist. No. 302

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number) Wash Co Hospital St. 3 Ward

## 2. FULL NAME

Stillborn child Harold G. Martin If U. S. Veteran, specify WAR(a) Residence: No 234 Fredly: etc.St. 3 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
-----------------	-------------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year)	<u>August 8-1937</u>		
7. AGE	Years	Months	Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.	11. Total time (years) spent in this occupation
--	---

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town)  
(State or country) Hagerstown md.

13. NAME Harold G. Martin

14. BIRTHPLACE (city or town)  
(State or country) Cearfoss md.

15. MAIDEN NAME Hallie S. Sanders

16. BIRTHPLACE (city or town)  
(State or country) Chambersburg Pa.

17. INFIRMARY  
(Address) Hagerstown md.

18. BURIAL, CREMATION, OR REMOVAL  
Place Fairfield Pa. Date Aug 9, 1937

19. UNDERTAKER A. K. Cussman  
(Address) Hagerstown md.

20. FILED 8-9-1937 Miss Bowers  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 8

(Month)

1937

(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

Aug 8, 1937, to Aug 8, 1937.

I last saw him alive on dead, 1937; death is said to have occurred on the date stated above, et. 11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Induction  
Premature 8 months  
Inevitable factors

## Other Contributory Causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify ✓

(Signed) Daniel A. Mathews M.D.  
(Address) Hagerstown md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 7 1937	1921
BUREAU V. S.		

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9138

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

Length of residence in city or town where death occurred 20 yrs.

93-6

Registration Dist. No. 302Ward 5ND. 445 Mc Dowell Ave 5 Ward 5

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME

Thomas Alexander Moore U. S. Veteran, specify WAR

(a) Residence: No. 445 Mc Dowell Ave 5 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Widower

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Isabel

6. DATE OF BIRTH (month, day, and year)

Nov. 12. 1853

7. AGE

83

Years

Months

9

Days

0

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

MOTHER OCCUPATION

Treda, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Retired Farmer Chronic degeneration

degeneration,  
Arterial fibrillation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Isaac Moore

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Matilda Will

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. PaulData 8/14, 1937

19. UNDERTAKER

(Address)

20. FILED

(Address)

Date 8-13-1937Signature Charles Bowers

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug. 12, 1937 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Aug. 1, 1937, to Aug. 12, 1937; death is said

I last saw him alive on Aug. 12, 1937; death occurred on the date stated above, at 8:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Other Contributory Causes of Importance:

Arterial sclerosis

Name of operation None Date of NoneWhat test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury None, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

M. D. Charles Bowers (Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones

The principal cause of death and related causes of importance were as follows:	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

Example II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9139

## 1. PLACE OF DEATH

County Washington

(120)

Registration Dist. No. 305

Village or City New Boonsboro

St. Ward

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. — mos. — ds.

## 2. FULL NAME Betty Lee Morrison If U.S. Veteran, specify WAR

(a) Residence: No. 3 Morrison

No.

(Usual place of abode)

If nonresident give city or town and State

Md. St. Ward.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

## 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

## 6. DATE OF BIRTH (month, day, and year)

March 26, 1930

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

7

4

17

1 day, hrs. or min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Aug. 1937

11. Total time (years) spent in this occupation

Life

## 12. BIRTHPLACE (city or town)

Beaver Creek

(State or country) Wash. Co. Md.

## 13. NAME

Clyde Morrison

## 14. BIRTHPLACE (city or town)

Beaver Creek

(State or country) Wash. Co. Md.

## 15. MAIDEN NAME

Anne Stottlemeyer

## 16. BIRTHPLACE (city or town)

Walfordville

(State or country) Fred. Co. Md.

## 17. INFORMANT

Clyde Morrison

(Address) Boonsboro Md.

Place Boonsboro Md. Date Aug. 16, 1937

## 18. BURIAL, CREMATION, OR REMOVAL

Place Boonsboro Md.

(Address) Boonsboro Md.

Date Aug. 16, 1937

(Address) William D. Clark

Registrar.

19. UNDERTAKER

Clyde Best &amp; Son

(Address) Boonsboro Md.

Date Aug. 16, 1937

(Address) William D. Clark

Registrar.

20. FILED

Aug. 16, 1937

(Address) Boonsboro Md.

Date Aug. 16, 1937

(Address) William D. Clark

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August - 13

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Aug. 13, 1937, to Aug. 13, 1937

I last saw him alive on Aug. 13, 1937; death is said to have occurred on the date stated above, at 11:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Gastro-Enteritis 8/13/37

## Other Contributory Causes of importance:

Diarrhoea 8/13/37

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

## Manner of injury

## Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fosterbrook Dr. 9139

(Address) Boonsboro Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE **PLAINLY**, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated **EXACTLY**. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9140

## 1. PLACE OF DEATH

County Washington

Village or City Cascade.

93-10

Registration Dist. No. 306

St. Ward

Length of residence in city or town where death occurred 10 yrs. 5 mos. 0 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.

## 2. FULL NAME Samuel Lawson Moser.

If U. S. Veteran, specify WAR World War

(a) Residence: No.

Cascade.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

White

Married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Fannie A. Miller Harland

6. DATE OF BIRTH (month, day, and year)

Nov. 20th. 1888

7. AGE

Years Months Days If LESS than  
48 8 29 1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.

Laborer

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

1920

11. Total time (years)  
spent in this  
occupation 15

12. BIRTHPLACE (city or town)

Frdk. Co.

(State or country)

MD

MOTHER

FATHER

13. NAME Joseph Moser.

14. BIRTHPLACE (city or town)

Middletown.

(State or country)

Md

15. MAIDEN NAME

Sarah J. Mc Clain

16. BIRTHPLACE (city or town)

Sabillasaville.

(State or country)

MD

17. INFORMANT Mrs. Saml. L. Moser

(Address)

Cascade. MD.

18. BURIAL, CREMATION, OR REMOVAL

Placa St. Jacob's

Data Aug. 22

19. 37

19. UNDERTAKER M. L. Greager &amp; Son.

(Address)

Thurmont. MD.

20. FILED Aug. 21, 1937. Seal w Ferguson

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 19th.

(Month)

1937

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

1-15, 1930, to 8-19, 1937

I last saw him alive on 8-17, 1937, death is said  
to have occurred on the date stated above, at 11:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Mustard gas  
Gas & Grenade  
asilasma

Date of onset

1918

Other Contributed Causes of importance:

Grenade myocarditis

Name of operation

Abdominal surgery Date of

What test confirmed diagnosis

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide Date of Injury 19-18

Where did injury occur? Dr. Grace

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury Dressed during war

Nature of injury Gas poisoning war

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) J. L. Greager M. D.

(Address) Bee Ridge Summit, Pa.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLENTY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9141

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME

Frank Clayton Nigh

If U. S. Veteran, specify WAR

(a) Residence: No. 114 Bryan Place St., 5 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male white widower

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofHenrietta

## 6. DATE OF BIRTH (month, day, and year)

## 7. AGE

Years 54 Months 8 Days 9If LESS than  
1 day, 0 hrs.  
or 0 min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. R.R. Conductor9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. W. Md. R.R. Co10. Date deceased last worked at this occupation (month and year) 8/17/3711. Total time (years) spent in this occupation Leiter lung12. BIRTHPLACE (city or town)  
(State or country)

## 13. NAME

John W. Nigh14. BIRTHPLACE (city or town)  
(State or country)Leiter lung15. MAIDEN NAME Mary E. Fridinger16. BIRTHPLACE (city or town)  
(State or country)Hagerstown17. INFORMANT Mrs. Marshall Reed  
(Address) Hagerstown, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Hagerstown Date 8/28 193719. UNDERTAKER 6 M. Buter & Sons  
(Address) Hagerstown, Md.20. FILED 8/28/37 Miss Powers

Registrar.

92-2

Registration Dist. No. 302No. 114 Bryan Place 5 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug. 26, 1937 (Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from March 14, 1937 to Aug. 26, 1937I last saw him alive on Aug. 25, 1937; death is said to have occurred on the date stated above, at 7:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Angina Pectoris  
DeteriorationDate of onset  
10 hours  
8-22-37

## Other Contributory Causes of Importance

Anterior Insufficiency  
Posterior Insufficiency3-14-37  
3-14-37Name of operation None Date of NoneWhat last confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury None 1937Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury NoneNature of Injury None24. Was disease or injury in any way related to occupation of deceased? NoneIf so, specify None(Signed) W. Howard George M. D.(Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 7 1937	1921
		July 5, 1927
Other contributory causes of importance:	BUREAU V. S.	

Gallstones

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Attack of epilepsy

Run over by street car

Peritonitis

Other contributory causes of importance:	Other contributory causes of importance:	Date of onset
Gallstones	Gastroenteritis	1 year

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Run over by street car

Peritonitis

Other contributory causes of importance:	Other contributory causes of importance:	Date of onset
Gallstones	Gastroenteritis	1 year

Gastroenteritis

Other contributory causes of importance:	Other contributory causes of importance:	Date of onset
Gallstones	Gastroenteritis	1 year

Other contributory causes of importance:	Other contributory causes of importance:	Date of onset
Gallstones	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9142

## 1. PLACE OF DEATH

County Washington  
Village or City Washington

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? years. mos. ds.

2. FULL NAME Mary Ella Packett

(a) Residence: No. 59 Randolph Ave. Ward. (Usual place of abode)

Registration Dist. No. 302

48

No. 59 Randolph Ave. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? years. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

James W. Packett

6. DATE OF BIRTH (month, day, and year) April 3-1862

7. AGE Years 75 Months 4 Days 10 If LESS than  
1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Boonahara Md

13. NAME Albert H. Brining

14. BIRTHPLACE (city or town)  
(State or country) Md

15. MAIDEN NAME Kester Ann Avery

16. BIRTHPLACE (city or town)  
(State or country) Md.

17. INFORMANT Geo. W. Packett  
(Address) Washington, Md.

18. BURIAL, CREMATION, OR REMOVAL  
Place Washington, Md. Date Aug. 15, 1937

19. UNDERTAKER Scott & Minnoch, Sons  
(Address) Washington, Md.

20. FILED 8-14-1937 Death Record

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug. 13  
(Month) Day, 1937  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 24, 1937, to Aug. 13, 1937.

I last saw her alive on Aug. 13, 1937; death is said to have occurred on the date stated above, at 1:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Initial anemia  
Decomposition  
Conclusions of illness

Date of onset  
Jan. 1937  
7-24-37  
3-9-37

## Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?  Date of injury , 19

Where did injury occur?  (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury X X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. Howard George M. D.

(Address) Washington, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED
Chronic interstitial nephritis	
Cerebral hemorrhage	SEP 7 1937
	MURRAY V. S.
Other contributory causes of importance:	

Gallstones

## Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

## Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

---

---

---

---

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9143

## 1. PLACE OF DEATH

County Washington

Village or City Security

Length of residence in city or town where death occurred 49 yrs.

No.

Registration Dist. No. 202

St. — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Henry E. Plummer, Sr.

(a) Residence: No. Security

If U. S. Veteran, specify WAR

St. — Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

male

white

married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Alice

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

85

7

14

## OCCUPATION

18. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Plummer

19. Industry or business in which  
work was done, as SILK MILL,  
SAV MILL, BANK, etc.

Paper Mill

20. Date deceased last worked at  
this occupation (month and  
year) June 192511. Total time (years)  
spent in this  
occupation 34 yrs12. BIRTHPLACE (city or town)  
(State or country)Hagerstown  
Md.

## MOTHER FATHER

13. NAME John Plummer

Chambersburg  
Pa.14. BIRTHPLACE (city or town)  
(State or country)Hagerstown  
Md.

15. MAIDEN NAME Anna Rose

16. BIRTHPLACE (city or town)  
(State or country)Hagerstown  
Md.

17. INFORMANT Mrs. Alice Plummer

Hagerstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Shiloh Cemetery Date: 8/31/37

19. UNDERTAKER R. E. Coffman

Hagerstown Md.

20. FILED 8-31-1937

Plumbers

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 29

(Month)

(Day)

1937  
(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

July 11, 1937, to August 29, 1937

I last saw him alive on August 29, 1937; death is said  
to have occurred on the date stated above, at 4 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Gitterosclerosis  
Cystic Myocarditis  
ParaplegiaDate of onset  
2  
2  
4 mos. ago.

Other Contributory Causes of importance:

Bronchitis

7/11/37

Name of operation

Date of

What test confirmed diagnosis? none

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Frank F. Sharp M. D.

(Address) 109½ M. Potomac St., Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	REIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 7 1937	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9144

## 1. PLACE OF DEATH

County Washington

Village or City near Hagerstown

Length of residence in city or town where death occurred 18 yrs.

No. Broadford Rd. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

Registration Dist. No. 302

## 2. FULL NAME

Mrs. Mallie S. Powell

(a) Residence: No. Broadford Rd.

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female White

Married

5e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

W.H. am

6. DATE OF BIRTH (month, day, end year)

Oct 13-1862

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

74

10

—

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

—

10. Date deceased last worked at this occupation (month and year)

July 3-1937

11. Total time (years) spent in this occupation

104 yrs

12. BIRTHPLACE (city or town)  
(State or country)W. O. Sesville  
Md.

MOTHER FATHER

13. NAME

Samuel A. Grove

14. BIRTHPLACE (city or town)  
(State or country)W. O. Sesville  
Md.

15. MAIDEN NAME

Harriett Hays

16. BIRTHPLACE (city or town)  
(State or country)W. O. Sesville  
Md.

17. INFORMANT

Mrs. Victor Reel  
(Address) Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown, Md. Date Aug 15, 1937

19. UNDERTAKER

D. K. Doss mall  
(Address) Hagerstown, Md.

20. FILED

Aug. 14, 1937, Janet Miswander, Deputy Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 13  
(Month)

(Day)

1937  
(Year)

22. I HEREBY CERTIFY that I attended deceased from

7/4 1937, to 8/13, 1937

I last saw her alive on 8/13, 1937; death is said

to have occurred on the date stated above, et 9:20 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio-Sclerotic Cardiovascular disease with myocardial failure  
Data of onset 1927

Other Contributory Causes of importance:

Name of operation N.W. Date of

What test confirmed diagnosis? Was there an autopsy? N.Y.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N.Y.

If so, specify

(Signed) J. H. Murphy M. D.

(Address) 170 W. Market St. Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 7 1937	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

9145

**MARGIN RESERVED FOR BINDING**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County. Washington  
Village or City. Hagerstown

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. if of foreign birth? years. mos. ds.

## 2. FULL NAME Jennie K. Price

(a) Residence: No. 123 E. Franklin Street  
(Usual place of abode)

46-81  
302

Registration Dist. No. 302

No. 123 E. Franklin Street, 4 Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U. S. Veteran, specify WAR

St. 4 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
----------------------	-------------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Frisby T. Price

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1865

7. AGE <u>71</u> Years	Months <u>7</u>	Days <u>14</u>	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
------------------------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hagerstown  
(State or country) Md.

13. NAME Albert McCarter

14. BIRTHPLACE (city or town) Washington County  
(State or country) Md.

15. MAIDEN NAME Catherine Ridenour

16. BIRTHPLACE (city or town) Washington County  
(State or country) Md.

17. INFORMANT Rudolph Price  
(Address) Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown, Md. Date Aug. 4, 1937

19. UNDERTAKER Fred W. Kraiss  
(Address) Hagerstown, Md.

20. FILED 8-3-1937 Frank F. Bowers  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

August 1, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1937, to August 1st, 1937. I last saw her alive on July 31, 1937; death is said to have occurred on the date stated above, at 11:40 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Liver

Date of onset  
6/1/37 or before

Other Contributory Causes of Importance:

Arthritis  
Chronic Myocarditis

1932

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Frank F. Bowers M. D.  
(Address) 10 1/2 N. Potomac St. Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 7 1937	July 5, 1927

BUREAU V. S.	
Other contributory causes of importance:	

Gallstones	May 1, 1928
Other contributory causes of importance:	

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago


Other contributory causes of importance:	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9146

## 1. PLACE OF DEATH

County Washington

Village or City Cascade Md.

Length of residence in city or town where death occurred 13 yrs.

No.

Registration Dist. No. 306

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Helen Edith Royer

(a) Residence: No. Cascade Md.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

5. S. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

## 6a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE of

Samuel T. Royer.

## 6. DATE OF BIRTH (month, day, end year)

Jan. 26, 1906

## 7. AGE Years Months Days

31 6 13

If LESS than  
1 day, hrs.  
or min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

House Duties

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

## 12. BIRTHPLACE (city or town)

Near Waynesboro Pa.

(State or country)

## MOTHER

## FATHER

13. NAME Jessie L. Royer

14. BIRTHPLACE (city or town)  
(State or country)

Fairfield Pa.

## 15. MAIDEN NAME Bessie Royer

## 16. BIRTHPLACE (city or town)

Foxville Md.

(State or country)

## 17. INFORMANT

(Address)

## 18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Cemetery Date 8/12/37, 19

## 19. UNDERTAKER

Walter J. Grove, Waynesboro Pa.

(Address)

## 20. FILED

Aug. 11, 1937

Helen T. Royer  
Registrar

V. S. No. 1  
I  
MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 21. DATE OF DEATH

August 9  
(Month) (Day), 1937  
(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

January 5, 1937, to August 9, 1937  
I last saw her alive on August 9, 1937; death is said  
to have occurred on the date stated above, at 5:20 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Subacute bacterial  
endocarditis

Date of onset

1-5-37

## Other Contributory Causes of Importance:

Mitral stenosis.

1920

## Name of operation

What test confirmed diagnosis? Clinical laboratory  
Date of

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

## Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

## Manner of Injury

## Nature of Injury

## 24. Was disease or injury in any way related to occupation of deceased? No

## If so, specify

(Signed) *William J. Lyons, M.D.*  
(Address) *Blue Ridge Summit,  
Pa.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 8 1937	1921

Other contributory causes of importance:

Gallstones	RECEIVED	Date of onset
		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9147

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

59

Registration Dist. No. 302

302

St. 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? years mos. ds.2. FULL NAME Carrie S. Schleidknecht(a) Residence: No. 348 Locust St. 3 Ward.

U. S. Veteran, specify WAR

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE Female white5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (wid the word) widow

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofHarlan

6. DATE OF BIRTH (month, day, and year)

Aug. 9-1864

7. AGE Years 73 Months 0 Days 9 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupationHousewife12. BIRTHPLACE (city or town)  
(State or country)Hagerstown md.13. NAME Thomas H. Cannon14. BIRTHPLACE (city or town)  
(State or country)Hagerstown md.15. MAIDEN NAME Amanda Worley16. BIRTHPLACE (city or town)  
(State or country)md.17. INFORMANT Mrs. W. S. Schleidknecht  
(Address) Hagerstown md.18. BURIAL, CREMATION, OR REMOVAL  
Place Hagerstown Date 8/20 195719. UNDERTAKER J. M. Suter & Sons  
(Address) Hagerstown md.20. FILED 8-20-1957 Half Covery  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 18, 1957  
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

August 15, 1957 to August 18, 1957I last saw him alive on August 18, 1957; death is said  
to have occurred on the date stated above, at 9:15 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Diabetes mellitus

Date of onset

## Other Contributory Causes of Importance:

Name of operation None Date ofWhat test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) R. A. Bell  
(Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman, whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 7 1927	July 5, 1927
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones		May 1, 1923
		Gastroenteritis
		1 year

## Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9148

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Washington

820

Registration Dist. No.

306

Village or City

Highfield

St.

Ward

Length of residence in city or town where death occurred

10 yrs. 0 mos. 0 ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(usual place of abode)

If U. S. Veteran, specify WAR

No.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5e. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Data

19. UNDERTAKER  
(Address)

20. FILED

Date

## 21. DATE OF DEATH

August 21<sup>st</sup>, 1937

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

June 10, 1937, to August 21, 1937

I last saw her alive on August 26, 1937; death is said

to have occurred on the date stated above, at 2:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

6/10/37

## Other Contributory Causes of Importance:

Arterio sclerosis of long standing.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? 

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? 

If so, specify \_\_\_\_\_

(Signed) Lv. B. Davis M. D.(Address) Blue Ridge Summit, Pa.

Registrar.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**STATE OF MARYLAND—CERTIFICATE OF DEATH** 9149

**1. PLACE OF DEATH** (48)

County Washington Registration Dist. No. 302  
 Village or City Hagerstown St. 5 Ward 5

If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 3 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

**2. FULL NAME** Mrs. Lillian DeKalb Sharp If U. S. Veteran, specify WAR \_\_\_\_\_  
 (a) Residence: No. Leon Iowa St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (write the word)
5e. If married, widowed, or divorced HUSBAND of <u>Edw. H.</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Sept 30 - 1871</u>	7. AGE <u>65</u> Years <u>10</u> Months <u>21</u> Days	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <u>Matron</u>		
9. Industry or business in which work was done, as SILVER MILL, SAW MILL, BANK, etc. <u>Westhawn Nurses Home</u>		
10. Date deceased last worked at this occupation (month and year) <u>January 1937</u>		11. Total time (years) spent in this occupation <u>54 yrs.</u>
12. BIRTHPLACE (city or town) <u>De Kalb</u> (State or country) <u>Iowa</u>		
13. NAME OF FATHER <u>Dr. Beij. D. De Kalb</u>		
14. BIRTHPLACE (city or town) <u>Mowettsville</u> (State or country) <u>Va</u>		
15. MAIDEN NAME <u>Mary. Ann Smith</u>		
16. BIRTHPLACE (city or town) <u>Sharp'sburg</u> (State or country) <u>Md.</u>		
17. INFORMANT <u>Mrs. Leo H. Miller</u> (Address) <u>Hagerstown, Md.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Osceola, Iowa</u> Date <u>Aug 23, 1937</u>		
19. UNDERTAKER <u>A. E. Cossman</u> (Address) <u>Hagerstown, Md.</u>		
20. FILED <u>8-21-1937</u> <u>Sharp, Bowers</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** Aug 20, 1937 (Month) Aug 20, 1937 (Day) 1937 (Year)

22. I HEREBY CERTIFY. That I attended deceased from May 15, 1937 to August 20, 1937. I last saw her alive on August 20, 1937; death is said to have occurred on the date stated above, et al. 8:30 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cancer of Uterus Date of onset 1935

Other Contributory Causes of importance: Path. Sections Date of 1937

Name of operation Path. Sections Date of 1937  
 What test confirmed diagnosis? Path. Sections Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify None  
 (Signed) None (Address) Hagerstown, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage		1921

SEP 7 1937

Other contributory causes of importance: S.

Gallstones

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

## Example II

Other contributory causes of importance:	Other contributory causes of importance:
S.	Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9150

## 1. PLACE OF DEATH

County Washington

Village or City \_\_\_\_\_

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

59

Registration Dist. No. 305

St. \_\_\_\_\_

Ward \_\_\_\_\_

No. San-Mar

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No. San Mar

(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofGrace Hackersmith

6. DATE OF BIRTH (month, day, and year)

April 29 1857

7. AGE

Years 80Months 3Days 6If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Laundryman9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. \_\_\_\_\_10. Date deceased last worked at  
this occupation (month and  
year) 192511. Total time (years)  
spent in this  
occupation 2512. BIRTHPLACE (city or town)  
(State or country) Md13. NAME John Shreve14. BIRTHPLACE (city or town)  
(State or country) Md15. MADIOEN NAME Mary Grammer16. BIRTHPLACE (city or town)  
(State or country) Md17. INFORMANT Joseph Shreve(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL

Place WestminsterDate Aug 7, 193719. UNDERTAKER Bankard & Son(Address) Westminster Md20. FILED Aug 5, 1937(Address) W. Shreve, Bant

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug51937

22. I HEREBY CERTIFY That I attended deceased from

Aug 1, 1937 to Aug 5, 1937; death is saidI last saw him alive on Aug 5, 1937; death is said  
to have occurred on the date stated above, at 15 P m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Chronic Myocarditis 1930

## Other Contributory Causes of importance:

Diabetes

1925

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. W. Leffan

M. D.

(Address) Boonsboro

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 8 1927	1921

RECEIVED  
BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago


Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Washington

Village or City Near Hagerstown

Registration Dist. No. 302

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Ward

9151

## 2. FULL NAME Dorcas Ursula Slayman

(a) Residence: No. Hagerstown, Md. R D 4 St.,  
(Usual place of abode)

If U. S. Veteran, specify WAR

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
------------------	---------------------------	---

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

A. Lincoln Slayman

6. DATE OF BIRTH (month, day, and year) September 6, 1866

7. AGE 70	Years 11	Months 22	Days 22	If LESS than 1 day, _____ hrs. or _____ min.
--------------	-------------	--------------	------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Home Work
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Washington County  
Md.

13. NAME William Bicken

14. BIRTHPLACE (city or town)  
(State or country) Washington County  
Md.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town)  
(State or country) -17. INFORMANT Mrs. C. M. Austin  
(Address) Hagerstown, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place st. Paul's Cemetery Aug. 30 193719. UNDERTAKER Snyder-Rowland Funeral Home  
(Address) Clear Spring, Md.20. FILED 8/30/37 *Robert P. Conrad*  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 28, 1937 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from  
8-20, 1937, to 8-28, 1937

I last saw h. s. alive on 8-23, 1937; death is said

to have occurred on the date stated above, at 7:30 A.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:*Coronary Thrombosis*Date of onset  
8-20-37

Other Contributory Causes of importance:

*Chronic Myocarditis*

1-1-30

Name of operation None Date of

What was confirmed diagnosis? *Clinical Evidence* Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *Yes*

If so, specify \_\_\_\_\_

(Signed) *Robert P. Conrad*(Address) *Hagerstown, Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage SEP 7 1937	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9152

## 1. PLACE OF DEATH

County Washington

181

Registration Dist. No. 305Village or City Baltimore

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred Life yrs.No. \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. \_\_\_\_\_ ds. How long in U. S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME Harry Isiah Smith(a) Residence: No. 13 Lourdes Md

(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If U. S. Veteran, specify WAR \_\_\_\_\_

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (write the word)
--------------------	-------------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofCatherine V. Smith6. DATE OF BIRTH (month, day, and year) August 21 1863

7. AGE <u>73</u>	Years	Months <u>11</u>	Days <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------	-------	------------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labour9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. General Work10. Date deceased last worked at this occupation (month and year) Jan 1 1937 11. Total time (years) spent in this occupation Life12. BIRTHPLACE (city or town) Baltimore  
(State or country) Wash. Co. Md13. NAME William J. Smith14. BIRTHPLACE (city or town) Baltimore  
(State or country) Wash. Co. Md15. MAIDEN NAME Susan Silver16. BIRTHPLACE (city or town) Baltimore  
(State or country) Wash. Co. Md17. INFORMANT Mrs. Catherine V. Smith  
(Address) Baltimore Md18. BURIAL, CREMATION, OR REMOVAL  
Place Baltimore Md Date Aug 18 193719. UNDERTAKER Lowell Dent & Son  
(Address) Baltimore Md20. FILED Aug 18 1937 By William J. Dent  
Registrar Washington Md

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 15 1937

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

April 19 1937 to Aug 15 1937; death is saidto have occurred on the date stated above, at 1:40 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Initial RegistrationDate of entry 4/19/37

Other contributory causes of importance:

Chronic NephritisDate of entry 4/19/37

Name of operation \_\_\_\_\_

Data of \_\_\_\_\_

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. J. Knob, M.D. M. D.  
(Address) Baltimore Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	SEP 6 1927	1921
Cerebral hemorrhage		July 5, 1927

RECEIVED  
BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

RECEIVED  
BUREAU V. S.

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9153

## 1. PLACE OF DEATH

County WashingtonVillage or City FunkstownLength of residence in city or town where death occurred 43 yrs.

954

Registration Dist. No. 302St. ✓ WardNo.      (If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos.      ds. How long in U. S. If of foreign birth?      yrs.      mos.      ds.

## 2. FULL NAME

Clara Temperance Spidle Veteran, specify WAR(a) Residence: No. 7 Funkstown Md.

(Usual place of abode)

✓ Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5e. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofDavid E. Spidle

6. DATE OF BIRTH (month, day, end year)

February 15, 1861

7. AGE

Years 76Months 5Days 23If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.OCCUPATION X

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Aug. 193711. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town)

(State or country)

IllinoisMOTHER FATHER X13. NAME Samuel Hughes

14. BIRTHPLACE (city or town)

(State or country)

No. Royal15. MAIDEN NAME Lerina Susan McKnight

16. BIRTHPLACE (city or town)

(State or country)

Funkstown17. INFORMANT David E. Spidle

(Address)

Funkstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Funkstown Md.

Date

Aug. 10, 193719. UNDERTAKER Elroy D. Bost

(Address)

1304 Washington Rd.20. FILED 8/9/37

, 1937

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August(Month) 8 (Day), 1937 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

May 16, 1937 to Aug. 8, 1937I last saw her alive on Aug. 7, 1937; death is said to have occurred on the date stated above, at 7:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis  
Heart disease

Date of onset

May 16, 1937

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

Lerina Novenstein M. D.  
(Address) Funkstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	SEP 7 1937
Cerebral hemorrhage	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9154

## 1. PLACE OF DEATH

County Washington

N3

Registration Dist. No.

Village or City ~~WITHIN CORPORATE LIMITS OF~~ Hagerstown

No. Washington County Hospital 3 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Michael Stine (Conrad Stein)

If U. S. Veteran, specify WAR

(a) Residence: No. 903 Riverside Drive

St. New York City Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
-------------	------------------------	--

## 21. DATE OF DEATH

August 22, 1937

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

December 13, 1913

7. AGE Years 23	Months 8	Days 9	If LESS than 1 day, hrs. or min.
-----------------	----------	--------	--

## 22. I HEREBY CERTIFY. That I attended deceased from

, 19 , to , 19

I last saw him alive on , 19 ; death is said

to have occurred on the date stated above, at 12:05 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Laborer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

## Other Contributory Causes of Importance:

12. BIRTHPLACE (city or town) London  
(State or country) England

13. NAME Lazarus Stein

14. BIRTHPLACE (city or town) Lithuania  
(State or country)

15. MAIDEN NAME Rebecca Leventhal

16. BIRTHPLACE (city or town) Latvia  
(State or country)

17. INFORMANT Brother

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown, Md. Date Aug. 22, 1937

19. UNDERTAKER Fred W. Kraiss,  
(Address) Hagerstown, Md.20. FILED T-22-37 *Death Record*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Died at Hagerstown City Hospital

Manner of Injury Death caused by asphyxiation of

Nature of Injury Heavy blow self administered

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Edward Conrad Anthony Corcoran*

(Address) Hagerstown, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation.  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

#### Other contributory causes of importance

### Gallstones

### Example III

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9155

## 1. PLACE OF DEATH

County WashingtonVillage or City Mangansville

93c

Registration Dist. No. 302

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2. FULL NAME Franklin M. Strite(a) Residence: No. Mangansville  
(Usual place of abode)

If U. S. Veteran, specify WAR

St.  Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofSydia Strite6. DATE OF BIRTH (month, day, and year) April 17 - 18577. AGE 80 Years 3 Months 21 Days  
If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done as SPINNER,  
SAWYER, BOOKKEEPER, etc.  
Farmer9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) 190211. Total time (years)  
spent in this  
occupation 45 yrs12. BIRTHPLACE (city or town)  
(State or country) Near Greencastle  
Pa13. NAME David Strite14. BIRTHPLACE (city or town)  
(State or country) Springfield  
Md.15. MARRIED NAME Elizabeth Hurst16. BIRTHPLACE (city or town)  
(State or country) Lancaster County  
Pa17. INFORMANT Mr. Sydia Strite  
(Address) Mangansville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Miller's Church Date Aug 18, 193719. UNDERTAKER Scott J. Minnickson  
(Address) Hagerstown Md.20. FILED 8/9/37 Class Bowers  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 8

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from  
5-1-1937 to 8-8-1937I last saw him alive on Aug 7, 1937; death is said  
to have occurred on the date stated above, at 6:45 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Mr. Myocarditis3 yrs

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) John D. Bowers

M. D.

(Address) Hagerstown Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	RECEIVED Date of onset 1915
Chronic interstitial nephritis SEP 7 1927	1921
Cerebral hemorrhage	July 5, 1927 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gallstones	May 1, 1923 Other contributory causes of importance: Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9156

## 1. PLACE OF DEATH

County WashingtonVillage or City Funkstown

57

Registration Dist. No. 302St. ✓ Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. D'Albert(a) Residence: No. Funkstown Md.

(Usual place of abode)

H. U. S. Veteran, specify W.W.I.St. ✓ Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofJohn A. D'Albert6. DATE OF BIRTH (month, day, and year) October 6 - 18567. AGE 80 Years 10 Months 23 DaysIf LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home10. Date deceased last worked at this occupation (month and year) Aug 193711. Total time (years) spent in this occupation 60 yrs.12. BIRTHPLACE (city or town)  
(State or country) Myersville13. NAME Thos. Palmer14. BIRTHPLACE (city or town)  
(State or country) Myersville15. MAIDEN NAME Sarah Rose16. BIRTHPLACE (city or town)  
(State or country) Myersville17. INFORMANT John J. D'Albert  
(Address) Funkstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Funkstown Md. Date Aug. 31, 193719. UNDERTAKER Clay J. Best  
(Address) Baltimore Md.20. FILED 8-30-1937 Black Rock Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 29

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Aug 22, 1937, to Aug 28, 1937; death is saidI last saw her alive on Aug 28, 1937; death is said  
to have occurred on the date stated above, at 1:15 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Cerebral Thrombosis Aug 26  
Arterio-Sclerotic  
Heart Disease

Other Contributory Causes of importance:

Diabetes Mellitus Aug 26

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What last confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Sidney Worcester M. D.  
(Address) Funkstown Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	SEP 7 1937	1915
Cerebral hemorrhage		1921

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	May 1, 1923
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9156

## 1. PLACE OF DEATH

County Washington  
 Village or City Hagerstown

Length of residence in city or town where death occurred. 1 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

Registration Dist. No. 3022. FULL NAME Still Born Child of Jos. Teeters If U. S. Veteran, specify WAR(a) Residence: No. 131 ElmSt. 3 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
--------------------	-------------------------------	---

5a. If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of \_\_\_\_\_.

6. DATE OF BIRTH (month, day, and year) August 2-1937

7. AGE	Years	Months	Days	if LESS than 1 day, _____ hrs. or _____ min.
—	—	—	—	—

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	—
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	—
10. Date deceased last worked at this occupation (month and year)	—
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town)  
(State or country) Hagerstown  
md.13. NAME Joseph Teeters14. BIRTHPLACE (city or town)  
(State or country) Martinsburg  
W. Va.15. MADIOEN NAME Lottie Smith16. BIRTHPLACE (city or town)  
(State or country) Washington  
md.17. INFORMANT Joseph Teeters  
(Address) Hagerstown, md.18. BURIAL, CREMATION, OR REMOVAL  
Place Hagerstown Date Aug 4, 193719. UNDERTAKER H. K. Co. S-S man  
(Address) Hagerstown, md.20. FILED 8-4-37 37 Health Decreas

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1937, to Aug 2, 1937

I last saw him alive on Aug 2, 1937, at 11:15 A.M.; death is said to have occurred on the date stated above, at 11:15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still Born Date of onset About Time

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_ (Signed) H. P. Buder M. O.(Address) Hagerstown md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 7 1927	July 5, 1927

Other contributory causes of importance:	RECORDED	V. S.
Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9158

## 1. PLACE OF DEATH

County

Washington

Village or City

Hagerstown

Registration Dist. No.

302

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in hospital or institution, give its NAME instead of street and number)

St., 4 Ward

## 2. FULL NAME

(a) Residence: No.

34 Vista

(Usual place of abode)

If U. S. Veteran, specify WAR

St., 4 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

8-7-1937

7. AGE

Years      Months      Days      If LESS than  
                  |            |            |      1 day,      hrs.  
                  |            |            |      or      min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

MOTHER

FATHER

13. NAME Burnes Stewart

14. BIRTHPLACE (city or town)  
(State or country)

15. MARRIED NAME

Elmora Thomas

Hagerstown, Md.

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Hagerstown Date: 8/9, 1937

19. UNDERTAKER

(Address)

John Thomas

Hagerstown, Md.

20. FILED

8-9-1937

Death Records

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 7

(Month)

(Day)

1937  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19

, 19

I last saw h. alive on , 19 ; death is said  
to have occurred on the date stated above, et. m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Sp. 11/11/37

Other Contributory Causes of importance.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. T. Campbell M. D.  
(Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 7. 1937	1921

Other contributory causes of importance:	BUREAU V. S.
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9150

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

82-a

Registration Dist. No. 302

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? years. mos. ds.

No. WV Wash Co Hospital St. 3 Ward

2. FULL NAME George Arthur Thomas

(a) Residence: No. 329 Summit Ave  
(Usual place of abode)

If U. S. Veteran, specify WAR

St. 2 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

male

white

married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofAngie.

6. DATE OF BIRTH (month, day, and year)

Dec 21-1883

7. AGE

Years

53

Months

7

Days

20

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

## MOTHER FATHER

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Cashier9. Industry or business in which  
work was done, as SILK  
SAW MILL, BANK, etc.Metropolitan Ins. Co.10. Date deceased last worked at  
this occupation (month and  
year)Aug 10-193711. Total time (years)  
spent in this  
occupation35 yrs

12. BIRTHPLACE (city or town)

Brownsville

(State or country)

Pa.13. NAME George Jr Thomas

14. BIRTHPLACE (city or town)

Rohrersville

(State or country)

Md.15. MARIEN NAME Marietta Fisher

16. BIRTHPLACE (city or town)

Rohrersville

(State or country)

Md.17. INFORMANT Mrs G. A. Thomas

(Address)

Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown, Md.Date Aug 12, 193719. UNDERTAKER B. K. Costman

(Address)

Hagerstown, Md.20. FILED 8-11-37

19

Registrar.

## 21. DATE OF DEATH

Aug 10

(Month)

(Day)

, 1937 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on August 10, 1937 to August 10, 1937; death is saidto have occurred on the date stated above, at 125 P. death is saidThe PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Cerebral hemorrhage  
causing left hemiplegia

Date of onset

3 hours

Other Contributory Causes of Importance:

Vascular hypertension  
artery sclerosis

years

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	SEP 7 1937
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9160

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Chester C. Weber

(a) Residence: No. Mangansville  
(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward.

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 6, 1937 (Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

June 28, 1937, to Aug 6, 1937; death is said

to have occurred on the date stated above, at 11:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Birth Palsy : a cerebral  
Palsy due to injury at birth

Date of onset

## Other Contributory Causes of Importance:

Broncho Pneumonia

Date of

Name of operation none Date of  
What test confirmed diagnosis? clinical Was there an autopsy? No

## 23. If death was due to extrinsic causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Barron M. D.

(Address) 151 W. Washington St.

## OCCUPATION

## MOTHER FATHER

## 3. SEX

Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED Single

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

April 5, 1937

## 7. AGE

Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
4	1		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (city or town)

(State or country)

Hagerstown

MD

## 13. NAME

Leonard S. Weber

## 14. BIRTHPLACE (city or town)

(State or country)

Mangansville

MD

## 15. MAIDEN NAME

Irene Martin

## 16. BIRTHPLACE (city or town)

(State or country)

Mangansville

MD

## 17. INFORMANT

(Address)

Mr. Leonard S. Weber

Mangansville MD

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Reiffs church

Aug 9, 1937

## 19. UNDERTAKER

(Address)

Scott & Minich & Son

Hagerstown MD

## 20. FILED

Date

8-7-1937

Death Doctor

Registrar.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 7 1937	1921
		July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9161

## 1. PLACE OF DEATH

County Washington

210-m

Registration Dist. No. 306-

Village or City Boonsboro, Md.

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Loretta T. Yeager

(a) Residence: No. 335½ W. Washington Street,  
(Usual place of abode)

U.S. Veteran, specify WAR

Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5e. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Earl O. Yeager

6. DATE OF BIRTH (month, day, and year) April 10, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, 1 hr. or... min.
	19	3	27	

8. Trade, profession, or particular kind of work done, as SPINNER, SAYER, BOOKKEEPER, etc.	Laundry Worker
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Allentown,  
Pa.

13. NAME Albert Brown

14. BIRTHPLACE (city or town)  
(State or country) Austria

15. MAIDEN NAME Theresa Sandity

16. BIRTHPLACE (city or town)  
(State or country) Austria17. INFORMANT Earl O. Yeager  
(Address) Hagerstown, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Hagerstown, Md. Date Aug. 10, 193719. UNDERTAKER Fred W. Kraiss,  
(Address) Hagerstown, Md.20. FILED Aug. 11, 1937 William D. Best  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 6,  
(Month)

(Day)

1937  
(Year)22. I HEREBY CERTIFY. That I attended deceased from  
19..., to..., 19...; death is saidI last saw him alive on..., 19...; death is said  
to have occurred on the date stated above, at..., 10:00 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Fractured skull  
Caused by automobile  
accident

Date of onset

## Other Contributory Causes of Importance:

Fractured skull, caused by automobile accident;  
caused by improper handling of the automobile. Cause R.

Name of operation. Date of...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury August 6, 1937...

Where did injury occur? Boonsboro, Washington County, Maryland  
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

in public place on Church Street.

Manner of injury Automobile accident.

Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify  
(Signed) Robert S. Olyman Jr. attorney M.D.  
(Address) Boonsboro, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 6 1937	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Date of onset	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9162

## 1. PLACE OF DEATH

County WashingtonVillage or City HagerstownLength of residence in city or town where death occurred 5 yrs.

15-2

Registration Dist. No. 302

302

No. 299 SummitSt. 2 Ward(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U.S. if of foreign birth? ys. mos. ds.2. FULL NAME George H. Young(a) Residence: No. 299 Summit

(Usual place of abode)

If U. S. Veteran, specify WAR

St. 2 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>wrote the word</i> ) <u>Married</u>
--------------------	-------------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofClara.6. DATE OF BIRTH (month, day, and year) May 28-1865

7. AGE <u>72</u>	Years	Months <u>2</u>	Days <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------	-------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Judge9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Orphans Court Retiree10. Date deceased last worked at this occupation (month and year) June 193711. Total time (years) spent in this occupation 54 yrs.12. BIRTHPLACE (city or town)  
(State or country) Middleton13. NAME Greensburg Young14. BIRTHPLACE (city or town)  
(State or country) Baltimore15. MAIDEN NAME Sarah Hutzell16. BIRTHPLACE (city or town)  
(State or country) Baltimore17. INFORMANT Mrs. Flossie M. Davis  
(Address) Hartville, Va.18. BURIAL, CREMATION, OR REMOVAL  
Place Baltimore, Md. Date Aug 12, 193719. UNDERTAKER A. J. Co. St. man  
(Address) Hagerstown, Md.20. FILED 8/11/37 Chas H. Bowers  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 10 1937

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

5-1-37 1937 to 6-10- 1937I last saw him alive on 6-9-37 AM 1937; death is said to have occurred on the date stated above, at 6-10-37 AM

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardio - vascular disease

Date of onset

1937

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did Injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Edith(Address) Hagerstown, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I LIVED

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	SEP 7 1937	Date of onset
Chronic interstitial nephritis	BUREAU V. S.	1921
Cerebral hemorrhage		July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

9163

## 1. PLACE OF DEATH

County Washington  
 Village or City Clearspring #1  
Slagelseton  
 Length of residence in city or town where death occurred 10 yrs. 10 mos. 10 ds.

(131)

Registration Dist. No.

302

St. 3 Ward

No. Wash Co. H. H.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Robert William Zeigler

(a) Residence: No. Clearspring #1 St. ✓ Ward.  
 (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
--------------------	-------------------------------	---

5a. If married, widowed, or divorced  
 HUSBAND OF  
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 11 1937

7. AGE <u>10</u> Years	Months	Deys	If LESS than 1 day, <u>5</u> hrs. or <u>30</u> min.
------------------------	--------	------	---

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	<u>✓</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<u>✓</u>
10. Date deceased last worked at this occupation (month and year)	<u>✓</u>
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Clearspring  
 (State or country) Md

13. NAME Dallas Zeigler  
 14. BIRTHPLACE (city or town) Roxburyville  
 (State or country) Pa

15. MAIDEN NAME Bertha Reed

16. BIRTHPLACE (city or town) Ment. Alto  
 (State or country) Pd

17. INFORMANT Dallas Zeigler  
 (Address) Clearspring

18. BURIAL, CREMATION, OR REMOVAL

Place Rock Cemetery Date Aug 14, 1937

19. UNDERTAKER Walter F. Grace  
 (Address) Waynesboro

20. FILED 8-12-1937 Death Records

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

MARGIN RESERVED FOR BINDING

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug - 6, 1937 (Month) 11 (Day), 1937 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug - 6, 1937, to Aug 11, 1937; I last saw him alive on Aug 11, 1937; death is said to have occurred on the date stated above, at 11:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Child found to be Aug 11 Y(?)  
in a state of nenia. Child  
Child apparently had some disease, unrecognized,  
prior to being brought to physician.

Other Contributory Causes of importance:

Nephritis-Plu. onic (P.)  
Primary cause: unknown.

Name of operation Urinary Date of 1937

What test confirmed diagnosis? U. S. A. E. T. Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. L. O'Brien M. D.  
 (Address) 159 W. Park. Edgewood

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	SEP 7 1927	1915
Cerebral hemorrhage		1921
	RECEIVED V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

---

---

---

---